

FITZPATRICK, CELLA, HARPER & SCINTO

30 Rockefeller Plaza
New York, NY 10112-3801
(212) 218-2100

RECEIVED
CENTRAL FAX CENTER

OCT 31 2003

Facsimile: (212) 218-2200

OFFICIAL**FACSIMILE COVER SHEET**

TO:	Examiner Yosef Kassa US Patent and Trademark Office GAU 2625		
FROM:	Fritz Klantschi		
RE:	U.S. Patent Appln. No. 09/557,912 Our Ref.: 03560.002573		
FAX NO.:	703-872-9315		
DATE:	October 31, 2003	NO. OF PAGES:	12 <small>(including cover page)</small>
TIME:		SENT BY:	

MESSAGE

**IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 212-218-2100 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770
(compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

Response Under 37 C.F.R. § 1.116
Group Art Unit 2625, Expedited Procedure

In re Application of:

Docket No. 03560.002573.

KEN-ICHI OHTA

Application No.: 09/557,912

Examiner: Y. Kassa

Filed: April 21, 2000

Group Art Unit: 2625

For: COLOR-IMAGE PROCESSING APPARATUS
 AND METHOD, AND STORAGE MEDIUM

Date: October 31, 2003

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 21	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200